MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
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48								98						
49								99						
50								100						
TOTAL IND.	↓		↓		↓			TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←			TOTAL DEP.	←		←		←	
TOTAL CLAIMS								TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-1360** (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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